

TRANSMITTAL FORM

Application Number	10/622,036
Filing Date	July 17, 2003
First Named Inventor	Mei Chun Kwong
Title	Electric Toothbrush
Group Art Unit	
Examiner Name	
Attorney Docket Number	MCHK/113/US

ENCLOSURES

- | | |
|--|--|
| <input type="checkbox"/> Response to Office Action | <input type="checkbox"/> Preliminary Amendment |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Postcard reflecting enclosures |
| <input type="checkbox"/> Other: | |

☒ It is hereby petitioned that any required extension of time be granted for filing the amendment. An extension of _____ month(s) having a fee of \$ _____ appears required.

☐ A check in the amount of \$ _____ is attached. Please credit any overpayment to Deposit Account 16-2563 of Alix, Yale & Ristas, LLP.

The Commissioner is hereby requested and authorized to charge Deposit Account 16-2563 of Alix, Yale & Ristas, LLP for any fee, not enclosed herewith, due for any reason in connection with the amendment or this or any other document accompanying the amendment, including (a) any filing fees under 37 CFR 1.16 for the presentation of extra claims and (b) any patent application processing fees under 37 CFR 1.17. *A duplicate copy of this sheet is attached.*

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	<u>Guy D. Yale</u>	Reg. No.	<u>29,125</u>
Signature			
Date	<u>February 23, 2004</u>	Attorney's Docket No.	<u>MCHK/113/US</u>

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited on the date below with the United States Postal Service as first class mail in an envelope addressed to "Mail Stop Non-Fee Amendment, Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia 22313-1450."

Typed or Printed Name	<u>Guy D. Yale</u>	Reg. No.	<u>29,125</u>
Signature		Date:	<u>February 23, 2004</u>

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FORM**

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**INFORMATION
DISCLOSURE STATEMENT**

First Named Inventor	Mei Chun Kwong
Title	Electric Toothbrush
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Examiner Name	
Attorney Docket No.	MCHK/113/US
Date	February 23, 2004

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Commissioner for Patents
United States Patent and
Trademark Office
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

INFORMATION DISCLOSURE STATEMENT

Applicant submits herewith patents, publications or other information of which they are aware, which they believe may be material to the examination of the above-identified application and in respect of which there may be a duty to disclose in accordance with 37 CFR 1.56.

The filing of this Information Disclosure Statement shall not be construed as a representation that a search has been made (37 CFR §1.97(g)), an admission that the Information cited is, or is considered to be, material to patentability (37 CFR §1.97(h)), or that no other material information exists.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

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Individual name

Guy D. Yale

Reg. No.

29,125

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February 23, 2004

Attorney's Docket No.

MCHK/113/US


First Named Inventor	Title	Attorney Docket Number
Mei Chun Kwong	Electric Toothbrush	MCHK/113/US

The filing of this Information Disclosure Statement shall not be construed as an admission against interest in any manner. Notice of January 9, 1992, 1135 O.G. 13-25, at 25.

A copy of each of the items listed on the attached PTO-1449 is supplied herewith.

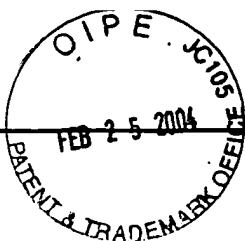
Respectfully Submitted,

Mei Chun Kwong

By: 
Guy D. Yale
Registration No. 29,125
Alix, Yale & Ristas, LLP
Attorney for Applicant

Date: February 23, 2004
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Hartford, CT 06103-2721
(860) 527-9211
Our Ref: MCHK/113/US

GDY/tlc



Form PTO-1449

**INFORMATION DISCLOSURE
CITATION IN AN APPLICATION**

(Use several sheets if necessary)

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U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
	CN2092975U	January 15, 1992	China			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

EXAMINER INITIAL		

EXAMINER

DATE CONSIDERED

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the applicant.